

visualized the medical school both as a provider of educational opportunities and as part of Hawaii's economical infrastructure. The school has fulfilled this vision well:

- It has educated physicians, most of whom were born and raised in these Islands and a number of whom are Native Hawaiians.
- It has provided residency training for many of Hawaii's practicing physicians.
- It has improved the quality of care delivered in Hawaii through its partnerships with hospitals.
- It brings medical research projects to Hawaii that would not otherwise be possible.
- It supports the good works of charitable institutions such as the Queen Emma Clinics, the Kalihi Palama Health Clinic, and the Waianae Coast Comprehensive Health Clinic.

These accomplishments alone should call for preservation of the medical school. But the school is also needed if Hawaii is to compete effectively in a competitive global health care market. Our competitors in this market include the University of California at San Francisco, Stanford University, the University of California at Los Angeles, the University of Oregon, and the University of Washington.

The faculties of each of these heavily endowed institutions are more expert at providing state-of-the-art medical care than any existing health care institution in Hawaii is, or likely to be in the foreseeable future. Furthermore, they are accessible and they provide care at a much lower cost.

If we are serious about the development of a health care industry, we must, as the Governor suggests, either partner with one or more of these institutions or build that expertise using existing Hawaii institutions as a base. In either instance a healthy and prosperous John A. Burns School of Medicine would be essential to provide the required academic, scientific and research base for such an industry.

Make no mistake, however, the school would have to be better than it is right now to provide this base effectively. To repair the damage this political babble has wrought and to set this venerable institution back on course, an aggressive and well thought-out plan is required. Such a plan is unlikely to come from the University of Hawaii.

A John A. Burns School of Medicine unencumbered by politics, a bureaucratic administrative structure, and an anachronistic tenure system would be better suited to help Hawaii develop a thriving healthcare industry. So privatizing the school makes sense.

Hawaii Pacific University has shown how a well-managed educational institution can effectively chart a course even in troubled economic times. A plan for the UH School of Medicine should consider and emulate its success.

What the Governor and the Legislature should do is continue the funding of the medical school at the present level, declare an end to any speculation about the future of the school, and begin a planning process that would include its privatization. Cayetano should set the context of the planning process by outlining its basic principles. He should insist that this new John A. Burns School of Medicine have:

- An understanding of the economics of higher education and the capability of responding to the vicissitudes of the marketplace.
- A commitment of academic freedom, the pursuit of quality and its educational mission.
- Steady and reliable funding including generous contributions from

each of the institutions that stand to gain from a global healthcare market.

- A mechanism for faculty practice to generate additional funding.
- Fiscal responsibility without micromanagement or manipulation by the funding sources.
- Subsidization by the state for the cost of training students from Hawaii, but no state subsidization for out of state and foreign students who are solely responsible for the cost of their education.
- A business plan that includes the marketing of the medical school as an educational institution for Asian students, which has proven to be successful at Hawaii Pacific University.

Health care and health care education traditionally has been considered a function of tax exempt, not-for-profit institutions. Present day economic realities have changed health care providers, for better and for worse, into bottom-line oriented businesses.

The John A. Burns School of Medicine is a valuable resource that should continue to do what it does so well: train our young men and women to be physicians. If this requires that it become bottom-line business oriented, so be it.

Let's stop the talk and start the planning.

*Max G. Botticelli is Emeritus Professor of Medicine University of Hawaii John A. Burns School of Medicine*

#### *Editor's Note:*

*Mahalo to The Honolulu Advertiser and Dr. Max Botticelli for permission to reprint the above article. In 1964, I recall speaking with the late Dr. Harry I. Arnold, Jr. about a new medical school. We both felt that a medical school in Hawaii was not a luxury, but a necessity. There were some physicians who, for various reasons, felt the Medical School was not a good idea.*

*As a Clinical Professor of Medicine of Dermatology at the UH, dozens of students and residents have taken electives through my offices and many other HMA members. Those interactions benefit both student and teacher.*

*The Hawaii Medical Association just conducted a survey of its members about the medical school. Twelve percent were opposed, but 88 percent wanted the Hawaii Medical Association to aggressively lobby to preserve our Medical School. Max Botticelli makes an excellent case for privatization of the medical school. Hawaii and the Pacific need the John A. Burns School of Medicine with or without its connection to the University of Hawaii.*



## **Special Contribution**

### **Maine May OK Assisted Suicide**

**From the Honolulu Star-Bulletin 4/15/99,**

**HAWAII'S WORLD**

**By A.A. Smyser**

The second state to approve physician-assisted suicide probably won't be Hawaii. More likely, it will be Maine. Hemlock U.S.A., which founded the national right-to-die movement in 1980, thinks chances are bright there for voter petitions to put it on Maine's November ballot next year and win.

Hemlock U.S.A. is committing a minimum of \$250,000, its largest one-year contribution so far, to help Maine organize its fund-raising and get ballot signatures. Faye Girsh, national president, says Maine polls and population breakdowns are even more favorable than were those in Oregon, the first state to ratify.

She sees little danger of repeating the 2 to 1 licking administered to a Michigan proposition last year. That fight, she says, was pushed locally without adequate organization or funding.

Available money was pretty well used up getting ballot signatures. In the final weeks before the vote there were insufficient funds to counter the millions spent on media saturation bought by Right to Life forces.

Girsh spoke here at a Hemlock Hawaii meeting last month along with Derek Humphry, founder of Hemlock. Humphry traced the growing success of the movement from a California defeat in 1988 up to the 60-40 Oregon victory in 1997. He believes more than half of all states will legalize physician-assisted suicide and/or euthanasia on request by the year 2020.

Girsh and Humphry believe assisted-death forces can win in Maine even while being outspent by Right-to-Life and the Catholic Church foes, just as happened in two Oregon votes in 1994 and a re-ratification by a far bigger margin in 1997. Humphry reported continuing rear guard actions in Oregon. Twelve bills in its 1999 legislature would further restrict assisted suicide - even though only 15 of Oregon's 29,000 deaths were under the law last year.

In Congress, Rep. Henry Hyde, of impeachment fame, is a leading advocate for a bill forbidding the Food and Drug Administration to approve medications for assisted death, an unconscionable override of the U.S. Supreme Court's unanimous 1997 decision to leave choice in dying "to the laboratory of the states."

Girsh has an idea that conceivably could be used in Hawaii. This would be to reduce enabling legislation to a single sentence or paragraph. It would allow right-to-die help if carried out under accepted rules.

The Legislature would leave these rules to the Department of Health to adopt subject to approval by the Governor. This would transfer the long haggles over details from the limited 60-day legislative session to a forum able to operate without time limits.

Our 1999 Legislature, perhaps bloodied by the 1997-98 fights over same-sex marriage, had no wish to even look at the details of the assisted-death law proposed by Governor Cayetano's Blue Ribbon Panel on Living and Dying With Dignity, on which I served. Neither the Senate nor the House invited testimony from the chairman of the panel!

Committees in each house ran through the charade of listening for a few hours to anyone who wanted to speak, then shelved the bills at least until next year. Only a single senator listened most of the time.

Hawaii polls consistently show strong support for legalizing doctor-assisted death under strict controls. National polls show similar support.

Girsh speaks of the right to die as "the ultimate civil right."

*A.A. Smyser is the Star-Bulletin's contributing editor. His column runs Tuesday and Thursday.*

#### *Editor's Note:*

*Mahalo to A.A. "Bud" Smyser and the Honolulu Star-Bulletin for permission to reprint the 4/15/99 Hawaii's World. Whatever your opinion, this article will keep you up to date on the right to die issue.*

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## Medical School Hotline

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### **JABSOM Celebration of Medical Education 1999**

**Richard Kasuya, MD**  
**Associate Professor, Department of Medicine**  
**Office of Medical Education**

**Gwen S. Naguwa, MD**  
**Associate Dean for Student Affairs**  
**Associate Professor, Department of Pediatrics**

The University of Hawaii John A. Burns School of Medicine (JABSOM) has always maintained a strong commitment to research, service and education. In another demonstration of the latter, the School of Medicine recently completed a week of activities emphasizing various aspects of teaching/learning titled "JABSOM Celebration of Medical Education." Co-sponsored by the Hawaii Chapter of the Alpha Omega Alpha Honor Medical Society, the University of Hawaii Department of Medicine, and the Office of Medical Education, the week's activities included lectures, work-

shops, informal discussion and a first-ever medical education poster session.

The week was organized around the visiting professorships of two nationally and internationally-acclaimed medical educators: Dr. David Irby (Vice Dean of Education at the University of California at San Francisco School of Medicine) and Dr. LuAnn Wilkerson (Senior Associate Dean of Education at the University of California at Los Angeles School of Medicine). Together, they represented over 50 years of experience and accomplishment in the areas of faculty development, clinical teaching, problem-based learning and medical education research. Throughout the week, Drs. Irby and Wilkerson provided a series of workshops and plenary sessions on a spectrum of topics with titles ranging from "Ambulatory Teaching Lite: Less Time but More Fulfilling," "The One Minute Clinical Preceptor," "Exploring the Relationship Between PBL Tutor Behavior and Student Performance," "What Makes Small Group Learning Powerful," and "Preparation and Delivery of Dynamic Presentations." Dr. Irby also presented the 1999 Alpha Omega Alpha Lecture on "Distinguished Clinical Teachers of Medicine: What They Know, How They Reason, and What They Do." In addition to these sessions, Drs. Irby and Wilkerson met informally with interested faculty throughout the week to discuss areas of common interest.